

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **2002**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Housing Authority of Morgantown

**PHA Number:** KY041

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2002

### PHA Plan Contact Information:

Name: Anita Jenkins

Phone: 270-526-3873

TDD: 800-648-6056

Email (if available): mtownha@logantele.com

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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KY36P041501-01

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Wrote a new Pet Policy that explains our rules and regulations more clearly. Specified dogs that are considered dangerous.

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 380,000

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☐ Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Kentucky

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

To provide drug free, decent, safe, and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.

☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plan of the jurisdiction states that the Commonwealth of Kentucky does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. The Plan's goal is to improve local economics and the economic well-being of the people of Kentucky while protecting the environment, provide public facilities to eliminate conditions which are detrimental to the public health and safety and which thus detract from further community development, or which are necessary to meet other essential community needs, to improve the condition of housing and expand fair housing opportunities especially for persons of low and moderate income, to improve the quality of life through funding community projects requested by individual communities

to enhance community pride and involvement, and perpetuate local identity, to assure that not less than 70 percent of the total amount of CDBG funds received shall be used for support of activities that benefit low- and moderate-income persons.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

Any change to, or development of, the Agency's Mission Statement.

Any change to or deletion of a goal or objective that is included in the PHA Five Year Plan.

Any additional goals or objectives that have been identified to meet the stated Mission of the PHA.

#### **B. Significant Amendment or Modification to the Annual Plan:**

Changes to rent or admissions policies;

Changes to the organization of the waiting list;

Changes to tenant selection criteria;

Additions or deletions of non-emergency work items not included in the current Annual Statement of the Five Year Action Plan;

Change in the use of replacement reserve funds under the Capital Fund;

Changes to the current Grievance or Informal Hearing Procedures;

Changes to the current Community Service Program.



## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Certification for a Drug-Free Workplace Disclosure of Lobbying Activities Certification of Payments to Influence Federal Transactions Deconcentration and Income Mixing Information Voluntary Conversion Required Initial Assessment Community Service Policy Resident Advisory Board Resident Member on the PHA Governing Board Definition of Substantial Deviation and Significant Amendment or Modification	(specify as needed)

## **CAPITAL FUND PROGRAM TABLES START HERE**

### **Attachment B**

#### **Annual Statement/Performance and Evaluation Report**

#### **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041501-02 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements	3,000			
4	1410 Administration	2,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	125,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	20,000			
12	1470 Nondwelling Structures	200,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

**Attachment B****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041501-02 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	380,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Attachment B****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY041-2	Replace refrigerators	1465 .1	41	20,000				
KY041-3	Additional parking @ Southside	1450		125,000				
PHA Wide	Operations	1406		30,000				
	Management Improvements	1408		3,000				
	Administration	1410		2,000				
	Construct Administration Building	1470		200,000				





**Attachment C****Capital Fund Program Five-Year Action Plan****Part I: Summary**

PHA Name Housing Authority of Morgantown				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2007
	Annual Statement				
KY041-1				26,000	
KY041-2		60,000	182,000	182,000	
KY041-3			178,000		265,000
KY041-6				32,000	79,000
PHA Wide		324,500	35,000	145,500	40,500
CFP Funds Listed for 5-year planning		384,500	395,000	385,500	384,500
Replacement Housing Factor Funds					

## Attachment C

## Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

[illegible]

**Attachment C****Capital Fund Program Five-Year Action Plan****Part II: Supporting Pages—Work Activities**

Activities for Year : <u>4</u> FFY Grant: 2005 PHA FY: 2006			Activities for Year: <u>5</u> FFY Grant: 2006 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
KY041-1	Floor Covering	26,000	KY041-1		
KY041-2	Floor Covering	52,000	KY041-2		
	Int. Doors & Hardware	40,000			
	Ext. Doors & Jams	30,000			
	Furnace Replacement	60,000			
KY041-3			KY041-3	Windows	225,000
				Carpet	40,000
KY041-6	Floor Covering	32,000	KY041-6	Windows	79,000
PHA Wide	Equip. Repair/Upgrade	3,000	PHA Wide	Equip. Repair/Upgrade	3,000
	Advertising	2,500		Advertising	2,500
	Operations	30,000		Operations	35,000
	Playground Upgrade	30,000			
	Landscaping/Drainage	50,000			
	Maintenance Vehicle	30,000			
Total CFP Estimated Cost		\$385,500			384,500

**Required Attachment D: Resident Member on the PHA Governing Board**

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 02/01/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Charles T. Black, Mayor, City of Morgantown

**Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Evelyn Dunn  
Wanda Johnson  
Charlene Cook  
Waynette Morris  
Jerry Dunn

## Required Attachment F: Voluntary Conversion Initial Assessment

- a. How many of the PHA's developments are subject to the Required Initial Assessments?

4

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

0

- c. How many Assessments were conducted for the PHA's covered developments?

1

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of the these assessments:

### Voluntary Conversion Assessment Narrative

After careful review of the needs for housing in our community, it was determined that voluntary conversion from Public Housing Stock would not be feasible or cost effective.

**Required Attachment G: Deconcentration and Income Mixing**

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☒ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>
West Heights	20		See Below *
Kent Manor	40		See Below *
Huff Ingram	100		See Below *
Dabbs Tuck	20		See Below *

**\* Deconcentration Policy**

The specific objective of the housing authority is to house not less than 40% of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also the housing authority will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the housing authority does not concentrate families with higher income levels, it is the goal of the housing authority not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The housing authority will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the housing authority's computer system.

**Attachment H****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of Morgantown		Grant Type and Number Capital Fund Program Grant No: KY36P041911-98 Replacement Housing Factor Grant No:		Federal FY of Grant: 1998	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	1,500		1,500	1,425
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	57,500		57,500	54,383
8	1440 Site Acquisition				
9	1450 Site Improvement	21,000		21,000	0
10	1460 Dwelling Structures	221,603		221,603	221,602
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	248,397		248,397	75,463
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	550,000		550,000	352,873
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				



**Attachment H****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of Morgantown		Grant Type and Number Capital Fund Program Grant No: KY36P041911-98 Replacement Housing Factor Grant No:		Federal FY of Grant: 1998	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Attachment H****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041911-98 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-3	SITE IMPROVEMENTS							
	Sitework for new construction	1450		21,000		21,000	0	0%
	DWELLING STRUCTURES							
	Convert existing electric heat to gas system	1460		221,603		221,603	221,602	Complete
	Remove baseboard heaters @ 100.00 each	1460	100					Complete
	Construct closet and combustion air @ 350.00 ea.	1460	100					Complete
	New furnace/venting/ ductwork @ 3,683.00 ea.	1460	100					Complete
	Tap fee and meters @ 200.00 ea.	1460	100					Complete

**Attachment H****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041911-98 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-3 (Cont'd)	Replace existing electric water heaters in units with electric @ 250.00 each	1460	70					Complete
	Replace existing countertops @ 150.00 ea.	1460	80					Complete
	Renovate existing Community Building	1470		10,000		10,000	0	0%
	Construct addition to Community Building	1470	4,700 sq. ft.	238,397		238,397	75,463	0%
	Subtotal KY41-3			491,000		491,000	297,065	

**Attachment H****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041911-98 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-6	DWELLING STRUCTURES							
	Replace roofs on all buildings @ 92.00	1460	225 sq. ft.					Complete
	per sq. ft. and install turbine vents @		180 vents					
	75.00 each							Complete
	Subtotal KY41-6							
PHA Wide	MANAGEMET IMPROVEMENTS							
	Printing/Advertising	1410		1,500		1,500	1,425	95%
	Architect/Engineering fees	1430		57,500		57,500	54,383	95%
	Management fees	1430		0		0	0	
	Subtotal PHA Wide			59,000		59,000	55,808	
	TOTAL KY41-911			550,000		550,000	352,873	



**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	24,816		24,816	24,816
4	1410 Administration	519		519	519
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	79,706		79,706	79,591
10	1460 Dwelling Structures	132,468		132,468	71,838
11	1465.1 Dwelling Equipment—Nonexpendable	93,841		93,841	93,841
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,999		7,999	7,999
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	339,349		339,349	278,604
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-1	Replace sidewalks @ 8.00 per sq. ft.	1450	1,604 sq. ft.	12,354		12,354	12,354	Complete
	Replace 30-inch electric ranges @	1465	20	5,136		5,136	5,136	Complete
	300.00 each							
	Replace frost-free refrigerators @	1465	20	6,353		6,353	6,353	Complete
	450.00 each							
	Replace electric water heaters @ 400.00	1465	20	8,988		8,988	8,988	Complete
	each							
	Subtotal KY41-1			32,831		32,831	32,831	



**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-2	Replace sidewalk @8.00 per sq. ft.	1450	1,824 sq. ft.	14,049		14,049	14,049	Complete
	Replace water heaters in laundry rooms @ 500.00 each	1465	2	899		899	899	Complete
	Replace second floor tile @ 1.60 per sq. ft.	1460	7,020 sq. ft.	6,659		6,659	6,659	Complete
	Drainage	1450		7,500		7,500	7,500	Complete
	Access road to storage building	1450		7,511		7,511	7,511	Complete
	Subtotal KY41-2			36,618		36,618	36,618	

**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-3	Replace sidewalk @ 8.00 per sq. ft.	1450	1,293 sq. ft.	9,959		9,959	9,959	Complete
	Replace lock sets @ 20.00 each	1460	180	1,702		1,702	1,702	10%
	Replace second floor tile in (50) 2BR apts. @ 1.60 per sq. ft.	1460	24,000 sq. ft.	22,767		22,767	22,767	Complete
	Replace second floor tile in (30) 3BR apts. @ 1.60 per sq. ft.	1460	18,000 sq. ft.	17,075		17,075	17,075	Complete
	Replace 30-inch electric ranges @ 300.00 each	1465	30	7,704		7,704	7,704	Complete
	Replace 24-inch electric ranges @ 275.00 each	1465	50	12,840		12,840	12,840	Complete
	Replace frost free refrigerators @ 450.00 each	1465	96	30,493		30,493	30,493	Complete

**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY41-3 (Cont'd)	Replace carpet in 16 units	1460	16 units	9,744		9,744	9,744	Complete
	Replace first floor tile in (29) 3BR, (50) 2BR, (15) 1BR & (5) handicapped apts.	1460	41,000 sq. ft.	60,630		60,630	0	80%
	Subtotal KY41-3			172,914		172,914	112,284	
KY41-6	Replace sidewalk @ 8.00 per sq. ft.	1450	2,380 sq. ft.	18,332		18,332	18,332	Complete
	Replace gas water heaters @ 500.00 ea.	1465	18	8,089		8,089	8,089	Complete
	Install security screens @ 75.00 each	1460	207	13,890		13,890	13,890	Complete
	Sitework	1450		10,000		10,000	9,885	Complete
	Replace frost free refrigerators	1465	42	13,341		13,341	13,341	Complete
	Subtotal KY41-6			63,652		63,652	63,537	



**RECAP OF LINE ITEMS****Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041912-99 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Signs and landscaping	1450		0		0	0	
	Non-dwelling equipment	1475		7,999		7,999	7,999	Complete
	Management Improvements	1408		24,816		24,816	24,816	Complete
	Administration	1410		519		519	519	Complete
	Subtotal of line item 1450 for individual sites	1450		79,706		79,706	79,591	Complete
	Subtotal of line item 1460 for individual sites	1460		132,468		132,468	71,838	80%
	Subtotal of line item 1465 for individual sites	1465		93,841		93,841	93,841	Complete
	Total Grant			339,349		339,349	278,604	

**Attachment I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program No: KY36P041912-99 Replacement Housing Factor No:					Federal FY of Grant: 1999
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY41-1	09/30/00			09/30/01			
KY41-2	09/30/00			09/30/01			
KY41-3	09/30/00			09/30/01			
KY41-6	09/30/00			09/30/01			
PHA Wide	09/30/00			09/30/01			

**Attachment J****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of Morgantown		Grant Type and Number Capital Fund Program Grant No: KY36P041501-01 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	7,561		7,561	0
3	1408 Management Improvements	10,590		10,590	0
4	1410 Administration	5,000		5,000	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000		35,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	168,000		168,000	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	153,000		153,000	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	379,151		379,151	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

**Attachment J****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Housing Authority of Morgantown		Grant Type and Number Capital Fund Program Grant No: KY36P041501-01 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



**Attachment J****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P041501-01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY041-1	Cabinet and countertop replacement	1460	20	70,000				
KY041-3	Replace downstairs floor covering	1460	100	80,000				
KY041-6	Wood baseboard installation	1460	20	18,000				
PHA Wide	Management Improvements	1408		10,590				
	Administration	1410		5,000				
	Fees & Costs	1430		35,000				
	Construct Administration Building	1470		153,000				
	Operating	1406		7,561				
	Total Grant			379,151				

**Attachment J****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHA Name: Housing Authority of Morgantown		<b>Grant Type and Number</b> Capital Fund Program No: KY36P041501-01 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY041-1	03/31/02			09/30/04			
KY041-3	03/31/02			09/30/04			
KY041-6	03/31/02			09/30/04			
PHA Wide	03/31/02			09/30/04			